



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600003

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CJR, INC.

DOING BUSINESS AS CORK 'N HEARTH RESTAURANT

ADDRESS 635 LAUREL ST.

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: RYAN,
CHRISTOPHER

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

WOOD FRAME TWO STORY BLDG, LOUNGE, BAR FIRST FLOOR. LIQUOR STORAGE ROOM,
TWO DINING ROOMS, KITCHEN. ENTRANCE AND EXIT THRU KITCHEN. FIRE EXIT.
PRIVATE DINING ROOMS AND PATIO. 2ND FLR; ENT/EXIT AT TOP OF STAIRS TO BACK
PARKING LOT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600004

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: REAL LONDON PARTNERS INC.

DOING BUSINESS AS MOGAN HOUSE RESTAURANT AND INN

ADDRESS 33 MAIN ST

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: LORING, JAMES A. TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

THREE ROOMS ON FIRST FLOOR, ONE PRIVATE DINING ROOM, EIGHT ROOMS ON SECOND FLOOR AND CELLAR FOR STORAGE. SERVING IS TO INCLUDE BACK TERRACE IN REAR OF BLDG. ELEVEN ROOMS ON THIRD FLOOR

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600009

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SILVERLEAF RESORTS, INC.

DOING BUSINESS AS OAK N' SPRUCE RESORT

ADDRESS 190 MEADOW ST.

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01260

MANAGER: COACH, CYNTHIA TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN LODGE LOWER LEVEL, FOUR STORAGE ROOMS, TWO REC ROOMS, BOILER ROOM, COCKTAIL LOUNGE WITH BAR. 1ST FLR: TWO VESTIBULES, FOYER, DINING ROOM, KITCHEN, FOUR REST ROOMS, INDOOR POOL, 3 OFFICES. 2ND FLR: 12 SLEEPING ROOMS, 11 BATHS, PLUS BANQUET AREA. TOTAL OF 14 EXITS

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600010

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROBERT L. CONSOLINI & STEPHEN E. GAGE

DOING BUSINESS AS THE 102 TAVERN

ADDRESS 1180 PLEASANT ST.

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG CONSISTING OF KITCHEN, BAR, STORAGE ROOM AND 2 BATHROOMS.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600011

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SULLIVAN STATION RESTAURANT INC.

DOING BUSINESS A

ADDRESS RAILROAD ST.

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: ZRADI, DARLEEN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

MAIN FLOOR: DINING ROOM, SEPARATE BAR AREA. STORAGE 2 ND FLOOR AND
PARTIAL CELLAR AREA. OUTSIDE DECK AREA: 4 TABLES WITH SEATING CAPACITY FOR
16 PATRONS.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600018

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: PAULINE'S RESTAURANT INC.

DOING BUSINESS AS PAULINE'S RESTAURANT INC.

ADDRESS 220 WEST PARK ST.

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: TIERNEY, PAULIN
E

TYPE OF LICENSE: Restaurant
CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST LOOR CONSISTING OF BAR AREA, DINING ROOM AREA AND PORCH.

I hereby certify and swear under penalties of perjury that:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600020

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERKSHIRE LIQUORS INC.

DOING BUSINESS AS

ADDRESS 33 CANAL ST

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: RYEL, DAVID P. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR SALES BUILDING WITH BACK ROOM AS STORAGE

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600021

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LEE PKG STORE,INC.

DOING BUSINESS A

ADDRESS 19 PARK ST

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: FINNEGAN,
JAMES

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM OF SELLING SPACE, COOLER, STORAGE ROOM, ONE ENTRANCE AND TWO EXITS

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600023

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CONVENIENCE,INC

DOING BUSINESS A CONVENIENCE PLUS #5

ADDRESS 241 MAIN ST

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: ZOLTEK, JAMES J. TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONVENIENCE STORE,RETAILING FOOD,BEVERAGES, AND DRY GOODS.
COOLERS AND SHELIVING FOR WINE AND MALT

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600026

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: R.J. LONGERATO, INC.

DOING BUSINESS AS EAST LEE PACKAGE STORE

ADDRESS 185 WATER STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: LONGERATO,
ROBERT B.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LOCATED ON THE NORTH SIDE OF WATER STREET, LEE, MA BUSINESS AREA CONSISTS OF ONE FLOOR RETAIL/STORAGE AREA WITH BUSINESS ENTRANCES IN FRONT ON WATER STREET, IN REAR OF PREMISES ON WEST SIDE OF BUILDING; AND THROUGH THE WALK-IN COOLER IN REAR.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600033

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ATHENA'S RESTAURANT, INC.

DOING BUSINESS AS ATHENA'S PIZZA HOUSE

ADDRESS 20 HOUSATONIC STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: GRIGOROPOULOS, TYPE OF LICENSE: Restaurant
CHRISTOS

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. 30X60' DINING ROOM, 30X30'. KITCHEN ENTRANCE ON SIDE OF BLDG.
EXIT ON SIDE OF BLDG.-TWO REST ROOMS, LOCATED AT 20 HOUSATONIC STREET

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600034

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LOCKER ROOM ENTERPRISES, INC.

DOING BUSINESS AS LOCKER ROOM SPORTS BAR

ADDRESS 232 MAIN STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: LUCY, DONALD J. TYPE OF LICENSE: Tavern

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FRONT ENTRANCE, BAR, LOUNGE, SIDE DOOR, KITCHEN, FOUR RESTROOMS, BASEMENT STORAGE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600035

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MONTRA, INC.

DOING BUSINESS AS ARIZONA PIZZA AT 51 PARK STREET

ADDRESS 51 PARK STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: TRASK, ERIN

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FOUR MAIN ROOMS, LOUNGE AND 3 DINING ROOMS, KITCHEN AND PANTRY, 3
RESTROOMS, FOUR ENTRANCE/EXIT DOORS (FRONT REAR AND SIDE OF BLDG., FRONT
AND SIDE VERANDA, OUTDOOR TERRACE.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600040

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHEZ NOUS, INC

DOING BUSINESS AS CHEZ NOUS

ADDRESS 150 MAIN STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: PORTNOY,
RACHEL A.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 FLOORS, 2 BARS, 1 DINING ROOM, 1 STORAGE AREA BOCCO COURT, HORSESHOE PIT
AND BARBEQUE. OUTSIDE TERRACE, 8 TABLES WITH SEATING FOR 24 PEOPLE. NO
ALCOHOL ON TERRACE AFTER 10.00PM.

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600041

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SOUTHERN BERKSHIRE FOOD SERVICES

DOING BUSINESS AS SALMON RUN FISH HOUSE

ADDRESS 076-78 MAIN ST

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: FACE, PAUL

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLR, DINING ROOM, 7 TABLES, SEATS 28, DINING ROOM WITH 9 BOOTHS, 4 COUNTER SEATS, SEATS 44, KITCHEN AND 2 REST ROOMS, FRONT AND REAR EXITS, STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600045

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CGS RESTAURANT ASSOCIATES, INC.

DOING BUSINESS AS BOMBAY BAR & GRILL

ADDRESS 435 LAUREL STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: GIRTHAR-GOPAL, TYPE OF LICENSE: Restaurant
P.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. WITH FRONT ENTRANCE AND EXIT. TWO STORY INN WITH LOBBY,
RESTAURANT AND PUB. CONFERENCE AND BUSINESS MEETING ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600046

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BUCKY'S TAVERN, INC.

DOING BUSINESS AS BUCKY'S TAVERN, INC.

ADDRESS 25 FRANK CONSOLATI WAY

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: KRISTIN, BRIGGS TYPE OF LICENSE: Restaurant
E.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FREE STANDING 2000 SQFT. BUILDING

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600049

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAILY STOP INC.

DOING BUSINESS AS LEE SUNOCO

ADDRESS 35 OLS PLEASANT STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: BANGHA,
GURCHARAN
SINGH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SELF SERVICE GAS STATION AND CONVENIENCE STORE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600052

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TIMKEV LLC

DOING BUSINESS AS TIMOTHY'S RESTAURANT & PIZZERIA

ADDRESS 54 MAIN ST

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: INGHAM, KEVIN J. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600053

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: Moe's Tavern, LLC

DOING BUSINESS AS Moe's Tavern

ADDRESS 10 RAILROAD ST

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: Cohen, Joshua

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

49 SEAT REST. WITH "L" SHAPED BAR- BOOTHS AND TABLES AND FULL KITCHEN.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600054

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BRIAN H. WEINRICH

DOING BUSINESS A FEDERAL HOUSE INN

ADDRESS 1560 PLEASANT STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: WEINRICH,
BRIAN H.

TYPE OF LICENSE: Innholder

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

8 ROOMS FOR RENT BED & BREAKFAST.KITCHEN LIVING ROOM,DINING ROOM

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600055

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HENRY'S RESTAURANT INC.

DOING BUSINESS AS PHO SAIGON

ADDRESS 5 RAILROAD STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: CHUNG, HENRY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY 880 SQ. FT. FEET-BUILDING WITH EXITS FRONT AND REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600057

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BANNUN & BOO LLC

DOING BUSINESS AS LEE CITGO

ADDRESS 55 HOUSATONIC STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: MUSA, MUHAMMAD TYPE OF LICENSE: Package Store
D

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CITGO GAS STATION AND CONVENIENCE STORE.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600059

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DAWN LaROCHELLE ENTERPRISES LLC

DOING BUSINESS AS PERIGEE

ADDRESS 1575 PLEASANT STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: LaROCHELLE,
DAWN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
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www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600060

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAVIER C. FERNANDEZ

DOING BUSINESS A ALPAMAYO

ADDRESS 60 MAIN STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: FERNANDO,
JAVIER C.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RESTAURANT WITH SEATING FOR 33, TEN SEATS AT BAR, KITCHEN IN REAR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600061

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: EMMY DAVIS

DOING BUSINESS AS BERKSHIRE GREEN GROCER

ADDRESS 42 PARK STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: DAVIS, EMMY

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SMALL GROCERY STORE AND CAFÉ

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600062

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TRADER MOE'S, LLC

DOING BUSINESS AS TRADER MOE'S

ADDRESS 77 MAIN STREET

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: HOLDREDGE,
BERTRAM

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 059600063

CITY OR TOWN LEE

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAJA CHARLIE'S INC

DOING BUSINESS AS BAJA CHARLIE'S

ADDRESS 62A WEST CENTER ST

CITY/TOWN: LEE

STATE: MA

ZIP CODE: 01238

MANAGER: DEVARENNES,
KELLY

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

22 SEAT REST ON FIRST FLOOR SPACE WITH FRONT AND REAR EXITS WITH
HANDICAPPED ACCESS WITH ATTACHED DECK FOR DINING NOT TO EXCEED 10
PATRONS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:
